



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
REPLY TO HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT RILEY
ATTENTION OF: 500 HUEBNER ROAD
FORT RILEY, KANSAS 66442-5000

September 18, 2012

Environmental Division, Directorate of Public Works

REC'D
SEP 20 2012
APCO

Ms. Jessica Webb
Kansas Department of Health and Environment
Bureau of Air and Radiation
1000 SW Jackson, Suite 310
Topeka, KS 66612-1366

Dear Ms. Webb:

Fort Riley is submitting the Initial Notification for two stationary emergency generators located at building 7613. This notification is provided in accordance with the requirements set forth in 40 CFR, Part 63, Subpart ZZZZ, "National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines (RICE)."

A copy of this letter will be furnished to the Director of Air, RCRA, and Toxics Division, EPA Region VII, 901 North Fifth Street, Kansas City, Kansas 66101. If you have any questions, please contact Mr. Ben Wissenburg, Environmental Division, Directorate of Public Works at (785) 239-2144 or benjamin.r.wissenburg.civ@mail.mil.

Sincerely,

Herbert J. Abel
Chief, Environmental Division

Enclosure

Initial Notification Form
[40 CFR 63.9(b)(2)]¹

Applicable Rule: 40 CFR part 63, subpart ZZZZ – National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines (RICE MACT)

Please read the rule for details on requirements and deadlines. Notification requirements are found in ' 63.6645 of subpart ZZZZ and ' 63.9 of the General Provisions as noted.

Please note that you are not required to use this form and may submit the required information in a letter. However, all required information must be submitted by the following initial notification deadlines:

- *December 13, 2004 for sources whose startup occurs before August 16, 2004; OR*
- *Not later than 120 days after startup, if startup occurs on or after August 16, 2004.*

Please print or type the following information for each source subject to the RICE MACT.

1. Name and Address of Facility Owner [40 CFR ' 63.9(b)(2)(i) and (ii)]

Name of Facility:	Fort Riley		
Name of Owner/Operator:	Fort Riley		
Mailing Address:	407 Pershing Court		
City:	Fort Riley	County:	Geary
		State:	KS
		Zip Code:	66442

Physical Location (if different from mailing address)

Street Address:			
City:		County:	
		State:	
		Zip Code:	
Contact Person:			
	Phone Number:		
	Email:		

2. Is the facility a Major Source [40 CFR §63.9(b)(2)(v)]?

	Yes	X	No	*
*The facility is considered an area source and does not need to submit this form)				

2a. Do you intend to accept enforceable permit limits to reduce emissions of hazardous air pollutants (HAP) to less than major source levels prior to the MACT compliance date(s) for engines at this facility?

	Yes*		No	X
*If yes, please attach a description of the action(s) planned to achieve non-major status. NOTE: The description of action(s) planned to achieve non-major status is provided for information only and is not binding. If you take federally enforceable permit limits, prior to the subpart ZZZZ compliance date, to reduce total HAP emissions from your facility such that you are not longer a major source (as defined in 40 CFR ' 63.2), engines located at your facility will not be subject to the subpart (refer to the instructions).				

¹ This form should be completed and submitted for new engines with a site rating greater than 500 horsepower (hp) that are located at major sources of HAP emissions. You are also required to submit this form for existing spark ignition 4-stroke rich burn engines with a site rating greater than 500 HP that are located at major sources of HAP emissions.

3. Relevant standard and compliance date [40 CFR ' 63.9(b)(2)(iii)]

This facility operates RICE that are subject to 40 CFR part 63, subpart ZZZZ (check one):

1 Yes X 1 No

Subpart ZZZZ requires you to submit an initial notification for new engines with a site rating greater than 500 horsepower (hp) that are located at major sources of HAP emissions. You are also required to submit an initial notification for existing spark ignition 4-stroke rich burn engines with a site rating greater than 500 HP that are located at major sources of HAP emissions. Therefore, it is not necessary to list all engines located at a given facility. Complete the following table for each engine for which initial notification is required under 40 CFR part 63, subpart ZZZZ (attach additional copies of this page as needed).

Engine ID	Engine Description		Site-Rated Horsepower (hp)	Existing/New/Reconstructed ^a	Subpart ZZZZ Subcategory ^b	Subpart ZZZZ Compliance Date	Initial Notification Only? ^c
	Manufacturer	Model					
NGEMGEN7613(A)	Kohler	350REZXB	530	New	Emergency RICE	01-12-13	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NGEMGEN7613(B)	Kohler	350REZXB	530	New	Emergency RICE	01-12-13	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

^a Refer to the definition for existing, new, and reconstructed included in the instructions for this form.

^b Use the subcategories included in the instructions for this form.

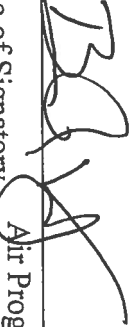
^c If yes, attach rationale to explain why each engine had no additional requirements under subpart ZZZZ (e.g., engine operates as an emergency stationary RICE).

4. For the stationary RICE listed in question 3, provide a list of the HAP emitted [40 CFR §63.9(b)(2)(iv)].

1. Trace HAPs see AP-42 Table 3.2-1	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

5. Signature

I certify that the information contained in this form to be accurate and true to the best of my knowledge.

Authorized Signature	
Typed or Printed Name of Signatory	Air Program Manager
Title of Signatory	Ben Wissenburg
	Date 09/17/2012

Please mail this completed form to both your State Air Pollution Control Office and your EPA Regional Office